



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

January 28, 2008

Robyn Smith, Administrator
Emeritus Corporation - Ridge Wind Assisted Living
4080 Hawthorne Road
Chubbuck, ID 83202

License #: RC-772

Dear Ms. Smith:

On December 20, 2007, a Fire Life Safety Survey was conducted at Emeritus Corporation - Ridge Wind Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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December 26, 2007

Robyn Smith, Administrator
Emeritus Corporation -- Ridge Wind Assisted Living
4080 Hawthorne Road
Chubbuck, ID 83202

Dear Ms. Smith:

On December 20, 2007, a Fire Life Safety Survey was conducted at Emeritus Corporation -- Ridge Wind Assisted Living. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 20, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R772	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2007
NAME OF PROVIDER OR SUPPLIER EMERITUS CORPORATION - RIDGE WIND ASS			STREET ADDRESS, CITY, STATE, ZIP CODE 4080 HAWTHORNE RD CHUBBUCK, ID 83202		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on December 20, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name	Physical Address	Phone Number
Emeritus Corporation Ridge Wind	4080 Hawthorne Road	208 237-3000
Administrator	City	ZIP Code
Robyn Smith	Chubbuck ID	83202
Survey Team Leader	Survey Type	Survey Date
Taylor Barkley		12-20-7

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	404.01	The facility has eight covered entryways that are combustible construction without sprinkler protection in place. FSES "NOT NECESSARY TO CORRECT" mpc	12/20/07	
2	404.01	The furnace room is drawing make up air from the attic.		
3	404.01	The air compressor for the sprinkler system is not hardwired. It is plugged into an outlet.		
4	405.01	The laundry room has a power strip piggy-backed off of an extension cord.		
5	410.02	The facility did not conduct one drill per shift per quarter.		

Response Required Date	Signature of Facility Representative	Date Signed
1-20-8	<i>[Signature]</i>	12/26/07